FUNDING REQUEST APPLICATION

AMOUNT OF FUNDING REQUESTED	NAME OF	ORGANIZATION	
DATE SUBMITTED	ADDRESS		
CONTACT NAME	CONTACT PHONE NUMBER	CONTACT EMAIL	
	PLEASE LIST ALL ORGANIZATIONS THAT ARE HELPING FUND THIS PROJECT, INCLUDING OUTSTANDING REQUESTS AND ANTICIPATED CONRIBUTING AMOUNTS		
I. ELIGIBLE PRIORITIES FOR FUNDING: Please indicate which of the following priority funding areas this project proposal (grant request) will address. (you may choose more than one)			
DOWNTOWN I	EDUCATION QUALITY		
II. PROJECT NAME AND DESCRIP	TION (Please includes specifica	lly what the funds will be used for.)	
III. GOALS & OBJECTIVES AS IT RE	ELATES TO OUR FUNDING PRIORIT	TIES	
DOWNTOWN – IMPROVEMENT / BEAUTIFIC	CATION		
EDUCATION			
QUALITY OF LIFE			
INDUSTRIAL DEVELOPMENT			
THOUSTHIRE DEVELOTIVIENT			

City of Seymour, IN Revision #2 Page 1

FUNDING REQUEST APPLICATION

٧.	TIMELINE	Must include a START DATE and END DATE, if applicable)
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ACTIVITY	PROJECTED DATE	
V. BUDGET OVERVIEW (Must include the TOTAL PROJECT BUDGET amount.)		

ITEM DESCRIPTION	PRICE	QUANTITY	TOTAL
		TOTAL	

VI. SOURCE OF OTHER FUNDS TO FULFILL THE BUDGET (Both Capital and Operating Budgets)

FUNDING AMOUNT	PAY SCHEDULE
	FUNDING AMOUNT

City of Seymour, IN Revision #2 Page 2

FUNDING REQUEST APPLICATION

VII. DECLARATION I understand that I am requesting public funds from the Seymour Redevelopment Commission and that such funds are restricted under the guidelines set forth by Seymour Redevelopment Commission. I declare that this funding request does not pose a potential conflict of interest for any Committee Member and will provide any documentation requested by the RDC to authorize payment or review the appropriateness of the request.					
Requester's Signature		Date			
VIII. APPENDIX					
FILE NAME	DESCRIPTION	LOCATION attachment / link			
IX. EVALUATION (For RDC Re	eview Committee Only)				
DATE OF APPROVAL	FUNDING AMOUNT	RDC AUTHORIZATION SIGNATURE			
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City of Seymour, IN Revision #2 Page 3